



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: JOHNSON MEMORIAL HOSPITAL

City of Hospital: Franklin

Year Begin: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (mm/dd/yyyy format)

Person Completing the Report: Chris Pickett

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Medicare Provider Number: 15-001

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$56751196.41
Outpatient Patient Service Revenue	\$214730378.83
Total Gross Patient Service Revenue	\$271481575.24

2. Deductions From Revenue

Contractual Allowance	\$178992728.91
Other Deductions	\$1436248.06
Total Deductions	\$180428976.97

3. Total Operating Revenue

Net Patient Service Revenue	\$91052598.27
Other Operating Revenue	\$2454375.51
Total Operating Revenue	\$93506973.78

4. Operating Expenses

Salaries and Wages	\$44051078.44	Employee Benefits	\$8667837.18
Depreciation and Amortization	\$6612397.48	Interest Expense	\$615163.31
Bad Debt	\$5588817.37	Other Expenses	\$35142595.17
Total Operating Expenses	\$100677888.95		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-7170915.17	Total Assets	\$319624695.58
Net Non-operating Gains over Loss	\$1488172.82	Total Liabilities	\$63772583.36

Total Net Gains	\$-5682742.35
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$119721965.92	\$89541403.41	\$30180562.51
Medicaid	\$52819510.68	\$38789158.81	\$14030351.87
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$98940098.64	\$52098414.75	\$46841683.89
Total	\$271481575.24	\$180428976.97	\$91052598.27

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$15717.84	\$0	\$15717.84

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$139108.20	\$-139108.2
Hospital Patients	\$81522.25	\$77109.82	\$4412.43
Community Education	\$0	\$287245.86	\$-287245.86

Number of Medical Professionals Trained	1,300
Number of Hospital Patients Educated	2,000
Number of Citizens Exposed to Health Education Messages	40,000

Statement Six: Charity Statement

Hospital Charity Charges	\$1436248.06
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$861748.84	
HCI Payments	\$0		
Subtotal	\$0	\$861748.84	\$-861748.84
Medicaid Shortfalls	\$11538119.39	\$30609987.04	
Subtotal	\$11538119.39	\$31471735.88	\$-19933616.49
DSH Payments	\$1,331,587		
Subtotal	\$12869706.39	\$31471735.88	\$-18602029.49
Medicare Shortfalls	\$21780930.85	\$69381328.56	
Other Government Programs	\$1571503.79	\$8745848.46	
Total	\$36222141.03	\$109598912.9	\$-73376771.87

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	N/A	N/A	\$0
Community Assessment	N/A	N/A	\$0
Provision of Taxes	N/A	N/A	\$0
Other Allocations	N/A	N/A	\$0

Comments

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